DEPARTMENT OF THE ARMY
US ARMY MEDICAL RESEARCH AND MATERIEL COMMAND
504 SCOTT STREET
FORT DETRICK, MARYLAND 21702-5012

REPLY TO
ATTENTION OF:

22 APR 2002

MCMR-RML (40-61f)

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Policy Memorandum 2002-06, Medical Care Support Equipment (MEDCASE) Program

1. This Policy Memorandum supersedes Policy Memorandum 99-04, 3 February 1999.

2. References:

a. ADSM 18-HL3-RPB-IBM-UM, 10 Mar 97, Army Medical Department Property Accounting System (AMEDDPAS) User's Manual, SCP 10.0.

b. SB 8-75-MEDCASE, 10 Mar 01, Department of the Army Supply Bulletin.

3. This memorandum provides guidance and establishes procedures for management and execution of the MEDCASE Program within the U.S. Army Medical Research and Materiel Command (USAMRMC). It is applicable only to those USAMRMC activities authorized medical and nonmedical equipment required to accomplish or support a health care (non-research) mission or those USAMRMC activities approved for medical Military Construction (MILCON) Army funding.

4. The MEDCASE Program is a centrally managed, Department of the Army (DA) level program utilizing Defense Health Program (DHP) procurement (P8) funds for the acquisition of capital investment-type equipment. The Program also manages the approval and acquisition of investment equipment requirements funded by medical MILCON funds for major medical construction projects. Equipment is considered eligible for the MEDCASE Program subject to the following criteria:

a. It is classified as capital investment equipment with a unit/system price equal to or greater than the DHP threshold of $100,000.

b. It is required to accomplish or support a health care mission and is authorized by a Table of Distribution and Allowances or other appropriate authorization document.

c. It is a non-expendable end item, or a non-expendable component or accessory to an end item, and accountable on the activity's property book.

d. It is not centrally managed and funded through another DA-level program.

e. It is not required to accomplish a Base Operations (BASOPS) function. (Exception: Eligible equipment items or systems to support a BASOPS function at U.S. Army Garrison, Fort Detrick.)

f. It is not required to provide an equivalent back-up to existing equipment.

5. Policy Guidance.

a. All MEDCASE Program Requirements (MPRs) are initiated and administered in accordance with (IAW) SB 8-75-MEDCASE.

b. Activities are directed to fully utilize the functions and capabilities of the Requirements Module of AMEDDPAS to support the planning, acquisition, and centralized reporting of all MEDCASE requirements.

c. The USAMRMC Deputy Chief of Staff for Logistics (DCSLOG) is to oversee the development and execution of MEDCASE requirements within the Command IAW U.S. Army Medical Command (USAMEDCOM) policy and the above-cited references.

(1) All MPRs initiated by USAMRMC activities are to be reviewed by the DCSLOG and approved by the USAMRMC Commander prior to forwarding to the U.S. Army Medical Materiel Agency (USAMMA) for program administration, funding, and execution.

(2) All formal MPR correspondence, to include approvals, disapprovals, funding, Command prioritization, and status inquiries, is to be channeled through the DCSLOG for management and control.

(3) The DCSLOG shall develop adequate policy and procedures to ensure subordinate activities identify and direct the redistribution of local and Command excess equipment to meet approved MEDCASE requirements, as appropriate.

(4) Capital investment equipment replaced through the MEDCASE program will not routinely be retained for back-up or augmentation. Commanders are required to submit justification for retention with the initial MPR submission.

d. Activity commanders are encouraged to appoint a local MEDCASE manager to oversee the development of equipment requirements and the execution of approved MEDCASE requirements IAW local command priorities and Command funding guidance.

e. All MEDCASE Program participants are to utilize excess redistribution, exchange and/or trade-in options and benefits for replacement equipment to the maximum extent possible.

6. Funding Approval Thresholds.

a. MPR, less than $150,000 unit/system price, requires local commander approval only.

b. MPR in the range of $150,000 to $349,999 unit/system price requires final approval by the USAMRMC Commander.

c. Medical, in the $350,000 unit price and above, and nonmedical, in the $100,000 unit price and above, require final approval by the USAMEDCOM functional consultant. These requirements are to be sent through USAMRMC to USAMMA for routing to the proper consultant.

d. Approval/disapproval authority of activity commanders for any MPR may not be delegated or transferred.

e. All MPRs for Diagnostic Imaging and Radiotherapy requirements $100,000 and greater are to be forwarded through USAMRMC Command channels for Technology Assessment and Requirements Analysis (TARA)/USAMEDCOM review and approval.

7. The proponent for this policy is the USAMRMC Deputy Chief of Staff for Logistics.

FOR THE COMMANDER:

JOHN J. KELLY, JR.
Lieutenant Colonel, MS
Secretary of the General Staff

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